King County Community Organizing Program MINI-GRANT APPLICATION PACKAGE

The King County Community Organizing Program (KCCOP) is a community mobilization program that works with communities to implement substance abuse and violence prevention strategies that promote healthy youth, families and communities.

MINI-GRANTS

KCCOP Mini-Grants support drug, alcohol and violence prevention activities. These funds have been made available through the Washington State Department of Commerce.

The average Mini-Grant is **\$500.** Final recommendations as to amount of awards will be left up to the Community Organizing staff based on amount of funding available and targeted Risk Factors. **Please note: KCCOP Mini-Grants are reimbursement grants**.

Targeted Risk/Protective Factors Indicators (choose at least one)

Individual/Peer Domain ❖ Favorable Attitudes Towards Drug Use and/or Violence	 Increasing pro social youth development (decreasing friends who use). Increasing the perception of harm of substance abuse and/or violence. 		
Family Domain ❖ Family Management Problems and/or Family History of Problem Behavior/Family Conflict	Increasing family management capability to prevent substance abuse and/or violence.		
Community Domain ❖ Low Community Attachment and/or Community Disorganization	Increasing community attachment to reduce substance abuse and/or violence.		

To apply for a Mini-Grant, please complete the attached application. These applications will be reviewed and rated by the KCCOP Staff and approved by the Program Coordinator. To be considered for funding, projects or activities must demonstrate they have an active coalition supporting prevention activities and specify **WHICH** Risk/Protective Factor or Indicator their proposed activity will focus on and specifically **HOW** the project addresses this with measurable outcomes. Please think about how your proposed activity will impact the related risk/protective factor. For more information on these risk & protective factors, see page 7.

If awarded a Mini-Grant, you will be responsible for the following:

- Submitting appropriate receipts and documentation prior to receiving payment including:
 - SIGNED, ORIGINAL W-9
 - SIGNED, ORIGINAL Invoice Form
 - SIGNED, ORIGINAL Match Form
 - Measurement tool Please see required evaluation questions on page 8 of this application
- Copy of promotional material that will recognize our funding support
- 100% match is required (either cash or in-kind)

**NOTE: Payment of invoices are dependent on receipt of completed outcome measurements.

For more assistance contact our office at 206-263-8938.

King County Mental Health, Chemical Abuse & Dependency Services Division **Community Organizing Program** 401 5th Ave, Suite 400 Seattle WA 98104 Phone: 206-263-8996 Fax: 206-296-0583

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King County Community Organizing Program FREQUENTLY ASKED QUESTIONS

Q. What is an eligible activity for this Grant?

A. Any program or activity that works to promote healthy kids, families and communities through reducing substance abuse and violence will be considered for a Mini-Grant. Priority will be given to projects that have the support of a diverse coalition and to activities that focus on our targeted risk factors (listed on page 7 of this application).

Q. How long will it take to hear if I have received the Grant?

A. An award letter will be sent to you, letting you know whether or not you have been awarded the Grant. These letters are generally sent out within a week to ten days from receiving the application.

Q. What do I have to do to receive the money?

A. The KCCOP Mini-Grant is a reimbursement grant, in that we will pay you back for money that you have spent up to the amount of your award. Paperwork needs to be mailed in since we need original signature. No faxes or e-mails. In order to reimburse you, we need a completed invoice form, a completed evaluation form, a W-9 form (these forms will be sent to you with your award letter), your measurement tool (e.g., surveys) and all receipts (please do not pay cash).

Q. What is the maximum award?

A. This will be at the discretion of the Community Organizer, however no agency or community group can exceed \$2400 in a Calendar year (January—December).

Q. Can my agency receive multiple grants for different programs?

A. Yes. An agency or community group can receive multiple mini-grants. However, the \$2400 maximum is for the whole agency, so the total of all the grants awarded to your agency cannot exceed that amount. It is a good idea to communicate within your organization about how you would like to prioritize your use of these potential funds *before* you apply.

Q. How long will it take to get the money?

A. Plan on four to six weeks from the time we receive all your completed paperwork (including measurement tool) and receipts.

Q. What is "match"?

A. Match demonstrates that your coalition spent money or expended resources equal to the full dollar amount of the grant. It can be in the form of funds actually spent and/or resources, time, funds, etc donated to the project.

Q. What can I use to meet my 100% match requirement?

A. You can document your match in many ways, and common methods include: the cost of project staff time or benefits spent on the project; the cost of goods or services bought or donated for the project; the dollar value of space needed for the project; or the dollar value of volunteer hours spent on the project. You can figure volunteer time as the average hourly wage of your program's employees or board members.



- Q. Are there deadlines for applications and invoice paperwork?
- A. We have two fiscal periods. One that runs between January 1st and June 30th, the other running between July 1st and December 31st. Applications can be submitted any time. All invoice and evaluation paperwork is due 10 days after your event and within 15 days of the end of our fiscal period (whichever comes *first*). For mini-grants awarded between January 1st and June 30th, the final deadline for invoices is June 15th. For mini-grants awarded between July 1st and December 31st, the final deadline for invoices is December 15th.
- Q. Where do I send my completed application, and can I fax it?
- A. You can fax you application to (206) 296-0583, or mail it to: *King County Mental Health, Chemical Abuse & Dependency Services Division, Community Organizing Program, 401 5th Avenue, Suite 400, Seattle, WA 98104.* Whether you mail it or fax it, please address the application to the Community Organizer.
- Q. Who do I call if I have a question?
- A. Contact Laura Quinn at laura.quinn@kingcounty.gov or (206) 263-8938



King County Community Organizing Program MINI-GRANT APPLICATION

DΑ	TE	_ AMOUNT REQUESTED \$_				
	MMUNITY GROUP/ VALITION NAME					
CC	ALITION CONTACT/					
		STATE				
PH	ONE	FAX				
1.	ACTIVITY / EVENT TO BE FUND	ED.				
1.	ACTIVITY / EVENT TO BE FUND	ED				
2.	DATE(S) OF ACTIVITY / EVENT_					
3.	. LOCATION (Including school district) OF ACTIVITY / EVENT					
4.	WHAT IS THE MISSION/GOAL C	T IS THE MISSION/GOAL OF YOUR COALITION/COMMUNITY GROUP?				



5.	LIST THE NUMBERS OF EACH TYPE OF INDIVIDUAL THAT ARE REPRESENTED IN YOUR COALITION/COMMUNITY GROUP?							
	School Representative Youth Religious Representative Law Enforcement Parents Community Members Prevention Specialist Government Treatment Business Health Probation Other:							
6.	CHECK ONE TARGETED RISK OR PROTECTIVE FACTOR/INDICATOR THAT THE PROJECT WILL ADDRESS (as seen on Page 1 of the application). THIS SELECTION WILL DETERMINE THE EVALUATION QUESTIONS YOU USE FOR YOUR PROGRAM, SO CHOOSE THE ONE RISK OR PROTECTIVE FACTOR THAT BEST ADDRESSES THE AIMS OF YOUR PROGRAM. Opportunities for Pro Social Youth Development							
Increase Perception of Harmful Effects of Substance Abuse and/or Violence Increase Family Management Capability/Reduce Family Conflict								
							Increase Community Attachment to Reduce Substance Abuse and/or Violence	
7.	WHO WILL BE RESPONSIBLE FOR HANDLING YOUR INVOICE & EVALUATION FORM?							
	HOW WILL YOU RECOGNIZE OUR FUNDING CONTRIBUTIONS? cample: Mention KCCOP in event promotions).							
9.	Please send a copy of the event program or flyer (either electronically or by mail) to Laura Quinn, Community Organizer at:							
Co	Community Organizing Program							

401 5th Ave, Suite 400 Seattle WA 98104 Fax: 206-296-0583

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PLEASE NOTE: Filling out this application does not guarantee fund availability. Please DO NOT count on these dollars being available until you have received a signed award letter.

King County Community Organizing Program PROPOSED BUDGET DETAIL FOR MINI-GRANT

Match demonstrates that your coalition spent money or expended resources equal to the full dollar amount of the grant. It can be in the form of funds actually spent, or resources/time/funds donated to the project. You can document your match in many ways, common methods include: the cost of project staff time or benefits spent on the project; the cost of goods or services bought or donated for the project; the dollar value of space needed for the project; or the dollar value of volunteer hours spent on the project. The estimated budget figure should equal the estimated match figure.

Itemized Budget Estimate						
PURCHASE (VENDOR NAME)	ITEMS	ESTIMATED COST FOR EACH	TOTAL			
Example: Goods and Services	10 – Costco T-Shirts	\$5.00/each	\$50.00			
1) Personnel:						
2) Benefits:						
3) Goods and Services:						
4) Space:						
5) Other:						
	Budget TOTAL:					
	Itemized Match Esti	mate				
RESOURCE	ITEM	EST. COST	TOTAL			
Example: Personnel	Staff time for Project Manager (Jane Smith)	\$15.00/hour for 30 hours	\$450.00			
1) Personnel:						
2) Benefits:						
2) Benefits: 3) Goods and Services:						
,						
3) Goods and Services:						

*Please estimate these "in-kind" costs based on your own community/agency Invoice form will be sent with award letter.



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King County Community Organizing Program TARGETED RISK & PROTECTIVE FACTORS

After reviewing County-wide data and local community assessments, as well as the Washington State Survey of Adolescent Health Behaviors, we have targeted the following as the key risk factors in King County. We have also provided some strategies that have been successful in addressing each risk factor. Please contact the Community Organizer if you want assistance in tailoring your prevention activity to these risk and protective factors.

INDIVIDUAL/PEER DOMAIN

1. Risk Factor

Favorable Attitudes Toward Drug Use and/or Violence

Indicators

Increasing positive youth involvement/Pro social development (decreasing friends who use) Increasing the perception of harm of substance abuse and/or violence

Related Protective Factors

Involved in drug and violence-free activities Have opportunities to be positively engaged

Example Strategies

Life Skills Training Mentoring Programs Youth-driven prevention strategies

FAMILY DOMAIN

2. Risk Factor

Family Management Problems and/or Family History of Problem Behavior/Family Conflict **Indicator**

Increasing family management capability to prevent substance abuse and/or violence

Related Protective Factors

Adults spend quality time with children

Has clearly expressed value on drug and violence-free lifestyle

Encourage supportive relationships with caring adults beyond the immediate family

Example Strategies

Parenting Support/ Training

Strengthening Families Programs

COMMUNITY DOMAIN

3. Risk Factor

Low Community Attachment and/or Community Disorganization

Indicator

Increasing community attachment to reduce substance abuse and/or violence

Related Protective Factors

Provide supportive networks and social bonds in combating substance abuse and/or violence Involve youth in community projects

Example Strategies

Community-wide events that support a comprehensive substance abuse and violence prevention strategy



King County Community Organizing Program EVALUATION QUESTIONS

All evaluations need to measure a change in knowledge, attitude, skills or behavior. Evaluation results for one or more of the following questions are required for every Mini-Grant Invoice/Evaluation submittal. These question(s) are not intended to replace any survey tools that may exist, but must be used in addition.

I. Opportunities for pro-social youth development; for use in youth activities/projects with a focus on positive social opportunities

1. I feel that this event of activity encourages and/or reinforces my safe and healthy choices. YES NO

II. Increased perception of harm; for use in youth activities/projects with an explicit focus on the harmful effects of substance use and/or violence.

- Because of this event/activity, do you know more about the harmful effects of drinking, drugging and/or participating in violence? YES NO
- Because of this event/activity, did your attitude about using drugs, alcohol and/or violence change? YES NO

III. Increased family management skills; for use in all family involved activities

- Because of this event/activity, I know more about the issues of drugs, alcohol and violence and how they might affect my family. YES NO
- Because of this event/activity, I know better how to solve problems of substance abuse and/or violence in my family. YES NO

IV. Increased attachment to community to reduce substance abuse and/or violence; for use in all community events/activities

- Because of this event/activity, do you see your community as a resource (i.e. a program, person or agency) to help you prevent substance abuse and/or violence? YES NO
- Because of this event/activity, I have more knowledge to help my family/friends deal with issues of drugs, alcohol and violence. YES NO

You could use one or all three of these depending on the intended audience of the activity/event.



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